U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Fallure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Orlicial Use Only REC D AUG-12005 READ THE INSTRUCTIONS CAREFUL READ THE INSTRUCTIONS CAREFUL	LLY BEFORE PREPARING THIS REPORT.	
1. File Number U - 4333	2. Fiscal Year Covered From:	
,	01/01/04 Through: 12/31/04	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Richard S Feinstein	Name Communications Workers of America	
	Labor Organization File Number 010-134 Loca 1 3808	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 100 Arlington Avenue	Street 100 Arlington Avenue	
City Nashville	Chy Nashville	
State TN 37210 ZIP Code + 4 4754	State TN 37210 ZIP Code + 4 4754	
5. Position in labor organization. Local President		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name BellSouth Telecommunications, Inc.	Golf Outing - Nashboro Golf Club -	
Trade Name, if any: BellSouth	TN State Meeting	
P.O. Box, Bldg., Room No., if any	4-21-04	
r.o. box, oug., (com rec., if any	7.6. Amount.	
Street 1100 Peachtree Street		
City Atlanta	27.00	
State GA 30309 ZIP Code + 4	, and the second se	
Signature		

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

7-27-05

615-256-2345

Telephone Number

File Number U-Richard S. Feinstein Local President CWA Local 3808 12-31-04

- A.6. BellSouth Telecommunications, Inc. BellSouth 1100 Peachtree Street Atlanta, GA 30309-
- 7.a. Reimbursed Travel Expenses (to CWA Local 3808) for BellSouth Operations Board Meeting on 6-10-04, for Richard S. Feinstein

7.b. 328.00

File Number U-Richard S. Feinstein Local President CWA Local 3808 12-31-04

- A.6. BellSouth Telecommunications, Inc. BellSouth 1100 Peachtree Street Atlanta, GA 30309-
- 7.a. Reimbursed Direct Room Charges to Radisson Hotel, Atlanta, GA, for 2004 Contract Bargaining, June August, 2004, for Richard S. Feinstein, Bargaining Committee Member

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7.b. 5023.00

Name of Person Filing	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZiP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, If any: P.O. Box, Bidg., Room No., if any Street City ZIP Code + 4	1.b. Approximate dollar value of such dealing. 2.a. Nature of interest held or income received.		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code +4	14.a. Nature of payment.		
13 b. Is the Business an Employer or Consultant ?	14.b. Amount of payment,		